



MARYLAND Department of Health

Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D.,M.P.H., Secretary

ALCOHOL AND DRUG TRAINEE

SUPERVISOR INFORMATION

Fax: 410-358-1610

Trainee's Name: _____

Trainee's Address: _____

Trainee's Authorized to Practice Date: _____ ADT #: _____

Trainee's Social Security #: _____ Trainee's Expiration Date: _____

Name of Supervisor: _____

Supervisor's License or Certification: _____

Approved Supervisor Ref. # (if applicable): _____

Supervisor's Place of Employment _____

Supervisor's Employment Address _____

Supervisor's Employment Telephone Number: _____

COMAR 10.58.07.02: An approved alcohol and drug supervisor means:

- (a) A licensed clinical alcohol and drug counselor;
- (b) A certified professional counselor-alcohol and drug;
- (c) A certified associate counselor-alcohol and drug who is approved by the Board;
- (d) A licensed clinical professional counselor, a licensed clinical marriage and family therapist, or a licensed clinical professional art therapist who is both approved by the Board and meets the requirements for licensure under COMAR 10.58 or
- (e) An individual who is approved by the Board and a licensed mental health care provider under the Health Occupations Article, Annotated Code of Maryland.

****Individuals listed in (c), (d), or (e) above must document a minimum of 5 years of experience delivering alcohol and drug counseling services including but not limited to the activities listed in COMAR 10.58.07.14.05B.**

*Certified Supervised Counselors –Alcohol and Drug (CSC-AD) certification are **not** authorized to provide supervision according to COMAR 10.58.07.09.*

I affirm that I will provide supervision for the applicant above and that I am an approved alcohol and drug supervisor as specified in COMAR 10.58.07.02. Furthermore, I affirm that the information provided on this form is true and accurate.

Supervisors Signature: _____ Date: _____